



**ARIZONA DEPARTMENT OF ADMINISTRATION  
RISK MANAGEMENT SECTION**

100 N. 15<sup>th</sup> Avenue, Suite #301  
PHOENIX, ARIZONA 85007  
FAX 542.1800

**SOLE PROPRIETOR WAIVER**

**NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES, IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.**

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. 23-901 (et.seq.), and specifically, A.R.S. 23-961(L), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as \_\_\_\_\_ (name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, \_\_\_\_\_, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, \_\_\_\_\_.

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor: _____	
Social Security Number: _____	Telephone # _____
Street Address/P.O. Box: _____	
City: _____	State: _____ Zip Code _____
Signature of Sole Proprietor: _____	Date _____

Agency: _____ Agency # _____	
Signature of Agency Contract Administrator: _____	Date _____

**Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, Insurance Unit, 100 N. 15<sup>th</sup> Avenue, Phoenix, Az 85007. An authorized Risk Management Representative will sign and return to the agency to be maintained in their records.**

Signature of Risk Management Authorized Signer _____	Date _____
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